

This form must be printed on brightly colored paper only

******ATTENTION ALL APPLICANTS******

The Gallatin City/County Environmental Health Services will not accept a Wastewater Treatment System Permit Application or a Subdivision in Sanitation Act Review Application without this completed form. Please read this form carefully and sign below. It contains important information regarding your construction project.

Property Owner			
Mailing Address			
	City	State	Zip
Applicant/Company	Pho	ne	
Address of Site		COS #	
Subdivision	Lot/Tract/Parcel	Block	
Legal Description:¼¼ Section	Township	Range	
Geocode:	Project Type:		
DISTRICT OR THAT REQUIRES REVIEW AND APITHE SUBDIVISION AND PLATTING ACT WITH APPROVALS. VIOLATORS MAY BE SUBJECT TO DESIST, ORDERS TO REMOVE CONSTRUCTION AND County Zoning District: Yes / No Name of District:	ITHOUT THE REQ DOUBLE FEES, FINE ND REFERRAL TO TH	UIRED PERM S, ORDERS TO HE COUNTY A	IITS AND/OR O CEASE AND ITORNEY.
Notes:			
☐ Land Use Permit Required Prior to Commencing Con	struction		
☐ Land Use Permit Not Required			
☐ MT Sub & Plat Review Required			
☐ Located in Belgrade Planning Jurisdiction (Contact City	of Belgrade prior to cons	struction: 388-49	94)
☐ Located in Manhattan Planning Jurisdiction (Contact To	wn of Manhattan prior to	construction: 28-	4-3235)
Property Owner or Authorized Agent (include printed	name) D	ate	
Gallatin County Planning Department Representative	D	ate	